

Screen Date _____

West Virginia Department of Health and Human Resources
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

5 and 6 Year Form

Name _____ DOB _____ Age _____ Sex: M F

Weight _____ Height _____ BMI _____ Pulse _____ BP _____ Resp _____ Temp _____ Pulse Ox (optional) _____

Allergies NKDA _____

Current meds None _____

Foster Child Kinship Placement Child with special health care needs IEP/section 504 in place _____

Accompanied by Parent Grandparent Foster parent Foster organization Other _____

Oral Health

Date of last dental visit _____

Current oral health problems _____

Water source Public Well Tested

Fluoride supplementation Yes No

Fluoride varnish applied (5 years, apply every 3 to 6 months)

Yes No _____

Vision Acuity Screen:

R _____ L _____

Wears glasses? Yes No

Hearing Screen

20 db@

R ear _____ 500HZ R ear _____ 1000HZ _____ 2000HZ _____ 4000HZ

L ear _____ 500HZ L ear _____ 1000HZ _____ 2000HZ _____ 4000HZ

Wears hearing aids? Yes No

Developmental

Developmental Surveillance (✓ Check those that apply)

Child can balance on one foot, hops and skips

Child is able to tie a knot, has mature pencil grasp, can draw a person with at least 6 body parts, prints some letters and numbers and is able to copy squares and triangles

Child has good articulation, tells a simple story using full sentences, uses appropriate tenses and pronouns, can count to 10, and names at least 4 colors

Child follows simple directions, is able to listen and attend, and undresses and dresses with minimal assistance

Concerns about child's speech, learning, or motor skills

Immunizations: Attach current immunization record

UTD Given, see immunization record Entered into WVSIIS

Referrals: Developmental

Mental/behavioral health/trauma - Help4WV.com/1-844-435-7498

Dental Vision Hearing

Other _____

Children with Special HealthCare Needs (CSHCN)

1-800-642-9704

Please Print Name of Facility or Clinician _____

Signature of Clinician/Title _____

School Entry Requirements



The information above this line is intended to be released to meet school entry requirements

Medical History

Initial Screen Periodic Screen

Family health history reviewed _____

In utero substance exposure Yes No

Child currently receiving mental/behavioral health services?

Yes No _____

Recent injuries, surgeries, illnesses, visits to other providers and/or hospitalizations: _____

Psychosocial/Behavioral

What is your family living situation _____

Family relationships Good Okay Poor

Do you have concerns about meeting basic family needs daily and/or monthly (food, housing, heat, etc.)? Yes No _____

Are you and/or your partner working outside home? Yes No
Child care/after school care _____

Child's grade in school _____

Favorite subject _____

Any problems? _____

Activities outside school _____

Peer relationships/friends Good Okay Poor

Child exposed to Cigarettes E-Cigarettes/Vaping Alcohol

Drugs (prescription or otherwise) _____

Access to firearm(s)/weapon(s) Has a firearm(s)/weapon(s)

Are the firearm(s)/weapon(s) secured? Yes No NA

Witnessed violence/abuse Threatened with violence/abuse

Scary experience that your child cannot forget _____

Do you utilize a car/booster seat for your child? Yes No

Does your child wear protective gear, including seat belts?

Yes No

Excessive television/video game/internet/cell phone use

How much **stress** are you and your family under **now**?

None Slight Moderate Severe

What kind of stress? (✓ Check those that apply)

Relationships (partner, family and/or friends) School/work

Child care Drugs Alcohol Violence/abuse (physical,

emotional and/or sexual) Family member incarcerated Lack of

support/help Financial/money Emotional loss Health

insurance Other _____

Continue on page 2

Indicators of Serious Emotional or Behavioral Disturbance (✓ Check those that apply)

If any indicator is selected, referral to the Children's Crisis and Referral Line is recommended (<https://hipaa.jotform.com/PGHN/help4wv-PCP-referral>).

- Does not achieve satisfactorily due to poor attention or high activity level; special accommodations are needed or implemented
- Persistently uncooperative or disobedient with doing routine care tasks for the child (e.g., getting dressed, taking a bath, brushing teeth, age-appropriate bowel and urine habits)
- On more than one occasion, committed acts that would be considered delinquent if a child were older (e.g., vandalism, defacing property, threatening aggression, shoplifting other than minor items such as candy)
- Repeatedly and intentionally plays with fire such that damage to property or person could result
- Often mean and nasty to other people and animals
- Persistently antagonizes other children (e.g., grabs others' toys, purposefully knocks over or damages others' toys, bullies, teases, shoves)
- Often plays alone even when there are opportunities for peer play, would rather be alone
- Extremely tense or fearful (e.g., overreacts to sounds and noises)
- Persistent self-criticism or feelings of worthlessness
- Non-accidental self-harm, mutilation, or injury which is not life-threatening but not trivial (e.g., suicidal gestures or behavior without intent to die, cuts self)
- Frequent or strange or odd behavior (e.g., eats non-food items, smears feces)
- Extremely limited in expressing self verbally and this is not due to any know physical or sensory disability, speech impediment or lack of familiarity with English
- Child's developmental needs cannot be adequately met because child's needs/developmental demands exceed family resources

General Health

- Growth plotted on growth chart
- BMI calculated and plotted on BMI chart

Nutrition/Physical Activity/Sleep

- Normal eating habits? Yes No
- Fruits/vegetables/lean protein per day _____
- Vitamins _____
- Normal elimination _____
- Physical activity/exercise an hour most days
- Type of physical activity/exercise _____
- Normal sleeping patterns? Yes No
- Hours of sleep each night? _____

*Anemia Risk (Hemoglobin/Hematocrit)
 Low risk High risk

*Lead Risk
 Low risk High risk

*Tuberculosis Risk
 Low risk High risk

*Dyslipidemia Risk (year 6)
 Low risk High risk

*See Periodicity Schedule for Risk Factors

Physical Examination (N=Normal, Abn=Abnormal)

- General Appearance N Abn _____
- Skin N Abn _____
- Neurological N Abn _____
- Reflexes N Abn _____
- Head N Abn _____
- Neck N Abn _____
- Eyes N Abn _____
- Ocular Alignment N Abn _____
- Ears N Abn _____
- Nose N Abn _____
- Oral Cavity/Throat N Abn _____
- Lung N Abn _____
- Heart N Abn _____
- Pulses N Abn _____
- Abdomen N Abn _____
- Genitalia N Abn _____
- Back N Abn _____
- Hips N Abn _____
- Extremities N Abn _____

Possible Signs of Abuse /Neglect Yes No

Age Appropriate Health Education/Anticipatory

Guidance (Consult Bright Futures, Fourth Edition. For further information: <https://brightfutures.aap.org>)

- Social Determinants of Health, Developmental and Mental Health, School, Physical Growth and Development and Safety
- Discussed Handouts Given

Plan of Care

Assessment

- Well Child Other Diagnosis

Labs

- Hemoglobin/hematocrit (if high risk)
- Blood lead (if not completed at 12 and/or 24 months or high risk) (enter into WVSIS)
- TB skin test (if high risk)
- Lipid profile (year 6, if high risk)
- Other _____

Referrals

See page 1, school requirements

Medical Necessity:

For treatment plans requiring authorization, please complete page 3. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or dhhr.wv.gov/healthcheck.

Follow Up/Next Visit 6 years of age 7 years of age

Other _____

Screen has been reviewed and is complete

See page 1, school requirements for required signature